POSTER ABSTRACT

Polypharmacy and Adherence: Key Components of Integrated Care - The case of Sweden.

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Introduction: Polypharmacy and medication adherence in the older population are significant public health issues throughout the European Union (EU), and are critical issues in integrated care. SIMPATHY (Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly) is a consortium of 10 organizations representing 8 EU countries with the goal of stimulating innovation around polypharmacy and adherence, ultimately providing the tools for EU policy makers to adopt new programmes addressing this issue into existing healthcare systems.

Methods: A mixed-methods case study was performed to identify and characterize factors that influenced the development and implementation of Swedish policies on the management of polypharmacy in the elderly, specifically regarding medication reconciliation and review activities. Data extraction included a desk review of these policy documents and guidelines at national and regional (Uppsala County) level. To fill knowledge gaps from the desk review, four key informant interviews were conducted, highlighting the employed change management strategies. Interview transcriptions were coded using the Kotter’s Eight Step Change Model and the Normalization Process Theory (NPT). As a validation method, the findings from the desk review and interviews were presented to and discussed by a focus group consisting of six policymakers and clinicians, one of which was a key informant interviewee as well.

Results: Both presence and absence of characteristics of change management were identified within all Kotter’s principles and NPT domains. Taking into account the focus group validation, we report the following key findings.

Facilitators of change:

- availability of data from national prescribing indicators and research showing the urgency to increase the quality of care for the elderly;
- awareness of the problem among the public at national level and the political will to fund activities for improvement;
- engagement of key individuals within healthcare, university and governmental bodies at regional level leading to a strong collaboration with many different stakeholders;
- investment in educational activities, the formation of multi-disciplinary healthcare teams including pharmacists and the possibilities to show positive results at regional level;
- use of a pay-for-performance structure based on monthly-updated results from the national prescribing indicators;
- availability of shared electronic medical records between hospitals and primary care centres at regional level.

Barriers of change:
- lack of a common belief that medication reviews are an essential and effective activity;
- lack of knowledge and consensus on how and by whom exactly these reviews should be performed;
- lack of the integration of specially trained clinicians within healthcare teams;
- some physicians possess a certain scepticism towards collaboration with pharmacists;
- absence of a strategy to fully implement and evaluate medication review policies at a national level;
- absence of a legislative impact analysis.

Conclusion: This case study provides valuable insight into how and why medication review policies were developed and implemented in Sweden. These results combined with the other SIMPATHY case studies will be used to create strategy tools for policymakers, researchers, and clinicians throughout Europe as they move to integrate polypharmacy and adherence activities into existing health care systems.

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